

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of

Bruno Basquin

Application No.: 09/586,977

Filed: June 5, 2000

For: PRE-CONTROL OF A PROGRAM IN  
AN ADDITIONAL CHIP CARD OF A  
TERMINAL



Group Art Unit: 2785

Examiner: Unassigned

**RECEIVED**

**MAR 20 2001**

Technology Center 2600

**REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT**

Assistant Commissioner for Patents  
Office of Initial Patent Examination  
Customer Service Center  
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Sir:

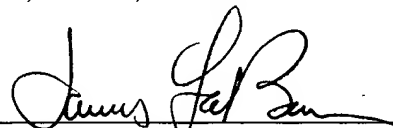
Enclosed is a copy of the Official Filing Receipt marked in red to show correction that is needed. The correction is as follows.

In the Applicant(s) Section, please delete inventors address "Marseillie, FRANCE", and insert therefore --Marseille, FRANCE--.

Issuance of a corrected Official Filing Receipt is respectfully requested.

☒ This Request for Corrected Official Filing Receipt is being filed to correct a Patent Office error. No fee is required.

Respectfully submitted,  
BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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Date: December 21, 2000



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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/586,977	06/05/2000	2785	820	032326-031	5	19	1

21839  
BURNS DOANE SWECKER & MATHIS L L P  
POST OFFICE BOX 1404  
ALEXANDRIA, VA 22313-1404

## FILING RECEIPT



\*OC00000005506644\*

Date Mailed: 10/26/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Bruno Basquin, ~~Marseille, FRANCE~~

Marseille, FRANCE

Continuing Data as Claimed by Applicant

## Foreign Applications

FRANCE 99-07059 06/03/1999

If Required, Foreign Filing License Granted 08/23/2000

## Title

Pre-control of a program in an additional chip card of a terminal

## Preliminary Class

713

Data entry by : CHADWICK, YOLANDA

Team : OIPE

Date: 10/26/2000





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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/586,977	<b>FILING DATE</b> 06/05/2000 <b>RULE</b> -	<b>CLASS</b> 713	<b>GROUP ART UNIT</b> 2785	<b>ATTORNEY DOCKET NO.</b> 032326-031	
<b>APPLICANTS</b> Bruno Basquin, Marseille, FRANCE; <b>** CONTINUING DATA *****</b> <i>none</i> <b>** FOREIGN APPLICATIONS *****</b> <i>off</i> FRANCE 99-07059 06/03/1999 <b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 08/23/2000</b> -					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Examiner's Signature</i> Initials		<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 19	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b>					
21839					
<b>TITLE</b>					
Pre-control of a program in an additional chip card of a terminal					
<b>FILING FEE RECEIVED</b> 820	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		